

# MTC TRANSIT SUSTAINABILITY PROJECT

## REPORT ON THE PARATRANSIT CONSUMER FOCUS GROUP FINDINGS

Nelson\Nygaard has conducted a study for the Metropolitan Transportation Commission (MTC) identifying strategies that have potential for sustaining the future of paratransit service provision in the Bay Area. The draft final version of the report, known as "*Transit Sustainability Project: Draft Paratransit Final Report*," was completed at the end of August, 2011, and is currently under review by MTC. The report produced over twenty strategies that have the potential for meeting the study goals. These recommended strategies have been reviewed by both the Technical Advisory Committee, consisting of transit operators from eight agencies, and MTC staff. MTC has also identified the need to solicit input from members of the paratransit riding public to gain their perspective on the strategies that have emerged from the initial study findings. This memorandum presents the results of three focus groups of paratransit consumers that were conducted in October 2011.

### **Purpose and Methodology**

Rather than attempt to solicit reactions of consumers to all the project findings, the team focused on the report's seven highest priority recommendations. Significant efforts were made to recruit participants with broad geographic representation, and both current and former users of ADA paratransit services. Participants were offered a \$50 stipend and reimbursement for travel expenses. In order to minimize the distances travelled by participants, groups were held in geographically dispersed locations: a) SamTrans headquarters in San Carlos, for consumers from San Francisco, Santa Clara and San Mateo counties; b) MTC headquarters in Oakland for consumers from San Francisco, Alameda and Contra Costa Counties, and c) the offices of the Sonoma County Transportation Authority in Santa Rosa, for consumers from Marin, Sonoma, Napa and Solano counties.

Prior to attendance at the meetings, participants were sent an outline of the proposed strategies. Participants arrived at the meetings via a range of modes, including paratransit, as drivers or passengers in cars, walking and ambulating via wheelchairs. Each meeting lasted at least 1.5 hours.

### **Composition of Focus Group Participants**

The team sought to recruit approximately eight to ten individuals for each focus group. Thirty-one individuals attended, including ten in San Carlos, twelve in Oakland, and nine in Santa Rosa. Each group was ethnically diverse, and participants used a broad variety of mobility aids. More than half (16 out of 31) of the participants used wheelchairs to attend the meeting. Eight of the participants had visual impairments. The breakdown of participants' residential location is as follows:

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County	Number of Participants
Santa Clara	4
San Mateo	3
San Francisco	6
Alameda	6
Contra Costa	3
Solano	0
Napa	0
Sonoma	7
Marin	2

While attempts were made to involve participants from all nine counties, the two representatives who were recruited from Solano and Napa counties were unable to attend due to personal reasons. Arranging transportation for some of the participants in more remote locations proved to be a significant challenge, but paratransit providers made substantial efforts to ensure that there would be broad representation.

All participants were eligible for ADA paratransit service, though they varied considerably in their use of paratransit. The most noteworthy characteristic of the groups is the level of multiple modal use by the majority of the participants. Many participants in the more urbanized areas reported using three to five different modes. Although almost all the participants reported using modes in addition to paratransit, only three out of 31 indicated that they were conditionally eligible, with the remaining all fully eligible for ADA paratransit service. This finding will be discussed in more detail further in this memorandum.

The remainder of this memorandum consists of the key findings in response to each of the prioritized strategies. Where substantive differences existed in a particular location, these are noted. Since not all readers are familiar with the proposed strategy, a brief description is provided before presenting the key responses of focus group participants to each strategy.

### **Key Focus Group Findings**

#### **Service Quality Issues**

After a brief round of introductions in which each participant spoke about their utilization of paratransit, the facilitator introduced the project, established ground rules for participation, and discussed the purpose of the group. While the primary purpose of the group was to solicit reactions from participants to each of the key project recommendations, during the planning stages the consultant team decided to devote a portion of the first part of the meeting to discussing the service quality issues. The

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rationale for this approach is that paratransit consumers in a group will inevitably wish to express their frustrations with service issues they have experienced, and rather than allow these to dominate the meeting, participants would be given an opportunity to express these concerns, and then the group could move on to the primary purpose of the meeting, namely, providing input on the study recommendations. In order to use the time most efficiently, the facilitator first listed the service issues that have already been identified in the study, and then invited participants to add to that list. The key issues that were presented by the facilitator, with instruction that no further discussion on these would be entertained, were as follows:

- Late vehicles
- Vehicles don't show up
- Lack of communication about late vehicles
- Long rides due to shared trips
- Transfers between agencies (connecting with second operator is sometimes difficult, safety at transfer points, scheduling)

In response to the request for additional service quality issues from the group, the following were offered:

- Service hours (especially at the end of day)
- Inter-county trips, especially the time and costs associated with trips requiring transfers.
- The different fare payment mechanisms
- Lack of service area coverage
- The 3-day advance rule for making reservations
- Application process, and especially the recertification process
- Lengthy return trips since these are not considered as time-sensitive as arrival at specific appointment times – trips in excess of three hours for short distances were reported by an individual, with the concurrence of other participants that this is a frequent issue.
- Reports of drivers not looking for passengers at pick-up locations or announcing themselves, and calling in no-shows as a result. This is especially an issue for visually impaired and blind users who cannot see the vehicle when it arrives.
- Frequent breakdowns of paratransit vehicles
- When fixed-route service is cut and routes are removed it affects more people than agencies seem to realize, especially when combined with the loss of complementary paratransit service (one participant reportedly was told by transit providers to “move” when she expressed her concern about the removal of a long time route from near her house.)
- Regular reports of missed operator trips in all groups

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While most of these issues are familiar to practitioners in the paratransit field, there were a number of seemingly reputable accounts of serious incidents that were surprising given the passage of over twenty years of paratransit experience since the ADA. For example, a woman who is blind related how she was left for an hour and a half at 11PM at a BART station waiting for her connecting paratransit vehicle to arrive, since her provider's policy is to drop-and-go, rather than wait for a hand-off. Another indicated how an apparently inexperienced, limited English-speaking driver failed to operate the lift properly, and her service animal's paw got caught in the lift. Another stated that her provider refuses to send a second vehicle if the rider is more than five minutes late appearing for her pick-up. It is beyond the scope of this study to determine the veracity of these accounts, but the frequency with which consumers provided anecdotes of service quality incidents is worth noting.

**Participant Response to TSP Priority Recommendations**

Following the discussing of existing service problems, each of the seven strategies from MTC's Transit Sustainability Project were presented to the group and participants were asked to consider how each would affect his or her paratransit usage. Participants were also asked to "take a step back" and consider the potential impacts of the strategies on other paratransit users. Below are summaries of the combined responses from each of the groups, organized by strategy.

**Strategy 1: Improvements to Fixed Route: Make fixed route service as welcoming as possible. This strategy pertains to improved training of bus operators, route planning to serve targeted destinations, stop placement, facility and vehicle design, and information dissemination.**

Transit Frequency and Service Hours: While almost all participants indicated that they use fixed-route transit, the level of usage varied substantially between groups, largely reflecting the density of bus/train service available in each county. The overall sense of the groups was that the usability of fixed-route service for riders with disabilities was more likely to be a determinant of mode choice than the quality of paratransit service. In other words, even in those cities that had reasonable paratransit service quality, if there were multiple transit options, participants would choose those rather than paratransit.

Given that participants overall were very mobile, noting the reasons why they choose paratransit over fixed-route for specific trips has significant implications. A number of participants cited examples where fixed-route services had been cut back, either through shrinking service areas or less frequency, resulting in a shift to paratransit usage. An example in the Santa Rosa group was a location (the Earle Baum Center) which is heavily used by seniors and people with disabilities who formerly routinely rode fixed-route buses. However, since service frequency was significantly reduced, almost all had to shift to paratransit because the reduced bus service is no longer practical given program times. Focus group participants indicated that bus frequencies of 30 to 60 minutes made it very difficult to conduct activities such as shopping, whereas the 15 minute before or after schedule window on paratransit is much more user-friendly.

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Other examples were given where people had shifted to paratransit when fixed-route service was cut (the continued obligation of paratransit in those areas was due to the operation of other fixed route service that had not been cut, but did not necessarily meet the same transportation needs of participants). Situations in which fixed-route service cuts had resulted in the elimination of paratransit service, such as sections of Alameda County, were addressed separately under the list cited above.

While participants understood the value of creating special senior-oriented shuttles, concern was expressed about the “segregating” of seniors that could result from a separate service. Opening these up to the general public would go some way towards addressing this concern.

Bus Operator Training: While participants agreed that driver sensitivity was a critical issue in attracting people with disabilities to fixed-route services, reports were mixed in terms of how well operators rated on this measure. In the more urbanized areas, particularly in the Oakland group, participants reported that drivers can be hostile and unwelcoming. They mentioned that the lack of choice of the direction in which wheelchair users board the vehicle is a major concern because boarding backwards can make some riders feel unstable. In the Santa Rosa group, most indicated that their overall experience with driver sensitivity and courtesy was very positive. While some participants shared stories of drivers pulling away from the curb before riders had a chance to be fully seated, or not requesting that non-disabled riders vacate the designated senior/disabled seats, these were cited as being the exceptions rather than the rule. The one exception is the failure of drivers to call out stops consistently, which may make travel very inconvenient for blind riders. The reported irregular use of annunciators at a reasonable volume is discouraging for potential passengers with visual impairments.

Bus Design: The limited number of wheelchair spaces on frequently used buses is a factor in bus usage. Some wheelchair users are reluctant to take buses if they cannot be guaranteed a space because of usage by others in wheelchairs. In systems where buses run infrequently, they indicated that they would take paratransit because they couldn't take the risk of not being able to board a bus due to lack of capacity. Some participants suggested that the smaller Gillig buses currently operated in certain systems are not practical for use by wheelchair users. Participants reported instances in which all passengers had to deboard in order to allow the wheelchair user to get on or off the bus.

In another instance of bus design impacting the usability of bus service, participants described a bus in which all wheelchair positions are on one side of the vehicle, which can present problems for those who have nerve damage on one side and can't be easily secured. Other participants complained about falling from wheelchair lifts when the “lip” of the lift has not been successfully secured. In addition, wheelchair users indicated that navigating onboard a fixed-route bus is often a challenge, with narrow space and other people and obstacles in the way.

Access to Transit/Bus Stop Design/Environmental Hazards: Improvements in the path of travel are often the key between disabled riders using fixed-route or not, but participants recognized that this can also be a difficult and costly barrier to address. Other infrastructure issues that were identified included the lack of seating, especially covered seating, at bus stops, and road surface hazards, such as Muni tracks, which make it

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difficult for riders to reach a bus stop. Inadequate or outdated signs and schedules at bus stops make it extra difficult to use the system and the information is generally hard to locate for those with visual impairments. In addition, participants believe (this has not been verified) that some service providers, such as VTA, have a policy indicating that the operator does not need to stop for passengers seated at a bus stop. Since many participants expressed feeling more comfortable seated at a stop instead of standing, especially those with visual impairments, this causes great concern. Participants identified the lack of cleanliness and feeling of safety in elevators at transit stations as a barrier to usage. For many ambulatory riders, particularly seniors, accessing a bus route where stops are spaced far apart can be particularly difficult. This is particularly true for those who use manual wheelchairs or if they need to traverse a slope in order to reach the stop.

**2.) Travel training and promotion of fixed-route services to seniors: Expanding travel training would increase mobility and help reduce growth of ADA paratransit demand, especially working with the schools and Regional Centers. Ideally, training and outreach can be conducted before individuals apply for paratransit, for example with school children and with seniors who may need to curtail driving in the near future.**

Many participants were unfamiliar with the term “travel training.” There was a general consensus amongst participants that travel training was not promoted enough, and a belief that long-term paratransit users are unlikely to be attracted to travel training. A blind participant who had been assaulted on a number of occasions in public areas expressed his concern about safety issues on fixed-route service. In contrast to the concerns expressed about the limited potential of travel training, the few participants who had undergone training said that it made a very substantial difference in their ability to use transit. As one blind traveler put it, participating in travel training with an Orientation and Mobility Specialist made the difference between him being able to go out of the door of his house or being homebound, and he uses fixed-route service regularly. Focus group participants perceived existing travel training programs as inadequate, especially for complex trips and for those passengers with a significant disability.

Another issue is that even when people have completed travel training, changes in fixed-route service, particularly service cuts, can make the training irrelevant. It therefore becomes a continual process. Travel training was, however, proposed as a good tool for empowering users who do wish to use fixed-route in communicating effectively with operators, as well as increasing passenger confidence. One issue that was cited as critical to the success of travel training programs is educating the general public about the need to vacate seats for people with disabilities on buses. In addition, travel training should include information on Clipper cards and other electronic payment devices, and how to use cell-phone technology to obtain real-time transit information.

East Bay focus group participants recommended having a designated travel trainer or ambassador for various facilities such as senior homes to encourage more people to complete training and use fixed-route.

Participants were very positive about senior oriented promotion of transit services. They felt that an important target group should be those seniors who have recently lost their

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drivers' licenses, and agencies should invest in public service announcements that promote transit use by seniors.

**3.) Walkable Communities, Complete Streets, and Land Use Planning: Improving the walking environment and land uses to enhance access and decrease the need for paratransit trips.**

Participants in more urbanized areas were predictably more concerned about pedestrian environment issues than those in more suburban, auto-oriented areas, where walking is often not a viable mode for accessing services. In each of the three groups, participants who lived in cities placed great emphasis on the role that "walkability" and environmental accessibility play in their mode choices. Some of the key issues identified were lighting, busy intersections, and negligent drivers, even more so than poor sidewalks conditions. As part of the discussion on busy intersections, they cited the width of street crossings, lack of pedestrian refuges, and lack of curb cuts. Crossing times elicited substantial discussion among the frail elderly members of the groups.

Participants with visual disabilities in the San Carlos group stated that inconsistent installation of audible crossing devices and the difficulty navigating new areas present particular barriers for them. They also indicated that pedestrian activated buttons are often placed in locations that make them unusable to both blind people and wheelchair users. For wheelchair users, the buttons can be hard to reach and hard to push. They are reportedly often located on a pole that is too far from the top of the curb cut for them to have enough time to press the button, wheel over to the top of the curb cut, place themselves at the correct angle, and then roll into the street.

One participant from Mountain View touted the city's great street crossing designs and easy terrain as reasons contributing to her walking and using fixed-route instead of paratransit. San Francisco residents presented the converse side of that picture, indicating that hilly terrain, lack of curb-cuts, and street surfaces in states of disrepair were all reasons they did not feel comfortable navigating transit.

El Camino Real elicited much discussion in the San Carlos focus group. It was stated that while this street is served by a number of bus lines, participants would not ride the buses because that would require them to cross the broad roadway without sufficient pedestrian refuges in the middle. Another example that caused concern to San Francisco participants was the proposed redesign of the Golden Gate Park bike path that would reportedly conflict with the boarding and alighting activity of riders with disabilities. Participants expressed strongly that the ability to reach bus stops and trains would make a big difference in their preference for fixed-route use over paratransit, due to the greater spontaneity and convenience of the former mode.

**4.) Enhanced ADA Paratransit Certification Process: Conducting eligibility assessments that go beyond paper applications and signatures from doctors, but could include in-person or telephone assessments.**

There appeared to be a clear divide between participants who are registered in programs with in-person assessments versus those who have been certified based on paper applications. Those who ride systems with in-person based assessments were generally either neutral or positive about the need for this reportedly more accurate approach to

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certification. Those from systems with paper-based applications, such as Marin County, were resistant to this approach, citing the inconvenience to the applicant and the unlikelihood that people would apply unless they really needed the service.

One area where there was overall agreement is that people who have already gone through one in-person assessment should not be required to go through another one as part of their recertification process (as is currently required in Santa Rosa). Participants felt that the additional cost was not worth it, and that people with permanent disabilities should only need to give updated information as part of their recertification process. Other suggestions included making the application available online, simplifying the recertification application and shortening the application form to less than 13 pages in length (as is reportedly the case in one of the Bay Area systems) and potentially universalizing the application process across Bay Area systems.

One significant finding emerged from the discussion of this strategy. Overall the 31 participants were extremely versatile in their use of multiple modes, including paratransit. At least 29 indicated that they used modes other than paratransit, yet 25 out of 31 were given full (unconditional eligibility), which is usually reserved for registrants whose disability prevents them from using fixed-route service. This finding suggests that current models of eligibility screening in Bay Area systems, including both in-person and paper-based models, are not accurately identifying the full range of mobility of paratransit applicants. Focus group participants may be characterized as a highly motivated, mobile and active group, who are likely to use non-paratransit modes if at all possible. However, the same cannot be assumed for the general paratransit riding population. As a result, there may be many paratransit registrants who are using paratransit trips that could also be taken on fixed-route.

One participant's situation may illustrate the ways in which paratransit could potentially be misused. The participant usually drives to many destinations, but also uses paratransit quite regularly. While ability to drive is not inherently a reason for limiting an individual's paratransit eligibility, it may be an indicator of an individual who could be highly functional in the community and able to ride fixed-route for at least some of their trips. When asked why she would choose paratransit over driving for a particular trip, she stated that she would choose paratransit if the gas and parking costs of driving were high, and also out of consideration for the environment. When later in the group the facilitator mentioned that the cost to the agency of a round trip on paratransit was likely over \$40, she expressed disbelief and indicated that she would consider driving more often given that information. This suggests that informing riders of the actual cost of paratransit provision may play a role in consumers' mode decisions, although this information would need to be carefully conveyed since paratransit is a civil right which should not take costs into account. It should be noted that this individual was opposed to in-person assessments.

**5.) Implementing conditional eligibility: Opportunities exist at several transit operators to conduct trip screening for those who are conditionally eligible.**

As indicated earlier, only six of all the participants have been granted conditional eligibility. In fact, many people in the three groups were not familiar with the term "conditional eligibility." Moreover, most of those who were conditionally eligible indicated that they did not know what their conditions were, and only one indicated that



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they had ever had a trip denied due to their eligibility status. One participant indicated that she had to convince the eligibility certifier that she should be given conditional rather than full eligibility as she does use fixed-route transit. She later regretted this, as now she is subjected to bi-annual in-person recertification visits, whereas those who are fully eligible are only required to come in every three years.

For those participants who are fully eligible (even though they ride fixed-route regularly), there was concern that trip denials would be made based on their abilities when they were feeling well, but that other factors such as a medical procedure could prevent them from riding fixed-route. Another concern was expressed by participants who were uncomfortable with a staff person deciding what streets they should be “able” to cross, etc. Participants believed that the process of evaluating and enforcing conditional eligibility would exceed the cost of providing the trips.

**6.) Premium charges for service that exceeds ADA minimum requirements: Two key examples include cost sharing with human service agencies or dialysis clinics in recognition of the premium service with narrow scheduling windows that they depend on for efficient programming, or providing service that is more than ¾ mile from a bus line.**

Participants were concerned about the level of fares required in some systems for premium service, but agreed that this option was preferable to completely eliminating service to areas beyond the minimal ADA requirement. They made the point that these trips are still cheaper to the customer than taxi service in most instances. Participants overwhelmingly supported the concept of cost sharing with dialysis clinics, in recognition of the narrow windows that they depend on for their client’s arrival times, and the guarantee of subscription service. Participants also indicated that pursuit of potential Medi-Cal funding was a useful approach.

**7.) Create Mobility Managers in Sub-Regional Areas to better coordinate resources and enhance customer service: Coordinate travel options for consumers of ADA Paratransit, Human Service Agency and other transportation services.** This was a difficult strategy for participants to grasp, except for those from Marin County who are already reaping the benefits of a Mobility Management program. As a result, the input was rather scattered and focused on issues such as current challenges with coordination between different paratransit providers during trip transfers.

Attachment: Information Sheet Sent to Participants

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**Paratransit Transit Sustainability Project**  
**Information Sheet – Focus Groups**  
**Metropolitan Transportation Commission – Nelson/Nygaard Consulting, Inc.**  
**October 24, 2011**

**What is the Metropolitan Transportation Commission?** The Metropolitan Transportation Commission (MTC) is the transportation planning, coordinating and financing agency for the nine-county San Francisco Bay Area.

**Who is Nelson/Nygaard?** Nelson/Nygaard is a transportation consulting firm that was hired by MTC to conduct focus groups to gain paratransit consumer input on the Transit Sustainability Project (see below).

**What is the Transit Sustainability Project?** MTC is conducting the Transit Sustainability Project (TSP) to establish a plan for a more financially viable transit system that is both cost-effective and customer-focused. Paratransit service is included in this project.

**What are the ADA requirements for Paratransit?**

The Americans with Disabilities Act (ADA) requires that transit agencies provide “complementary paratransit” to individuals with disabilities that is comparable to the fixed-route system. The service is called “complementary” paratransit because it is intended to “complement” transit service by making it usable by people who cannot use the fixed-route service.

**ADA Paratransit in the Bay Area:**

There are currently 19 ADA paratransit programs in the Bay Area. Most fixed-route systems operate their own separate ADA paratransit service. In addition to ADA paratransit service, many areas have other paratransit services, sometimes provided by transit agencies but often provided by cities or other agencies.

**Trends in ADA Paratransit:** Compared to national statistics, Bay Area operators have been very successful at managing the cost of ADA paratransit, but costs continue to rise overall. Broadly speaking, rising costs can stem from three types of factors: rising demand/ridership, rising costs for operating vehicles and falling efficiency, meaning it takes more vehicle time to provide the same number of rides because the trips are longer or for other reasons.

**Existing Customer Service Issues (based on outreach to date):**

- Late Vehicles
- Vehicles don't show up
- Lack of Communication about Late Vehicles
- Long Rides, due to Trip Grouping
- Transfers between Agencies (Connecting with Second Operator is sometimes difficult, Safety at Transfer Points, Scheduling)

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These are issues that the consulting team is already aware of and that are common to most paratransit systems. They will not be the focus of this meeting, as we will be exploring participants' reactions to the strategies recommended in the Transit Sustainability Project, as described below.

**Focus of this Meeting**

MTC would like consumer feedback on a number of proposed measures to help keep paratransit a financially sustainable asset. While a number of strategies are being considered, the **six regional priorities** are:

**Improvements to Fixed-Route Transit:** Make fixed-route service as welcoming as possible. Involves bus operators, route planning, stop placement, facility design, information, vehicle design, potential to reduce the need for paratransit

**Travel Training and Promotion to Seniors:** Expanding travel training would increase mobility and help reduce growth of ADA paratransit demand, especially working with the schools and Regional Centers. Ideally, training and outreach can be conducted before individuals apply for paratransit, for example with school children and seniors who may need to curtail driving in the near future.

**Walkable Communities, Complete Streets, and Land Use Planning:** Improving the walking environment and land uses to decrease the need for paratransit trips.

**Enhanced ADA Paratransit Certification Process:** This would involve conducting assessments that go beyond just paper applications and signatures from doctors, but could include in-person or telephone assessments.

**Implementing Conditional Eligibility:** Opportunities exist at several transit operators to actually conduct trip screening for those who are conditionally eligible.

**Premium Charges for Service Beyond ADA Requirements:** The main opportunity is charging fares for special service to human service agencies that exceeds ADA requirements, for example guaranteeing that vehicles will arrive in a narrow window of time for dialysis appointments, or providing service that is more than ¼ mile from a bus line.

**Create Sub-regional Mobility Managers (e.g. CTSA) in One or More Sub-regional Area to Better Coordinate Resources and Service Customers:** Focus on sub-regional/county level solutions; Coordinate travel options for consumers of ADA Paratransit, Human Service Agency and other services. Effective coordination could improve experience for consumer and save costs for all participants.

- Focus Group Date is Scheduled for:
  - **October 31<sup>st</sup> 10:00-11:30 AM at the SCTA offices in Santa Rosa, Conference Room, 490 Mendocino Avenue, Suite 206 Santa Rosa, CA 95401**
- Nelson\Nygaard will assist with transportation arrangements
- Refreshments will be served
- Participants will be paid **\$50** for their time, plus reimbursed for their travel expenses